HEALTH AND SOCIAL SERVICES

DEPARTMENTAL OVERVIEW

MISSION

To promote, protect and provide for the health and wellbeing of the people of the Northwest Territories.

GOALS

1. To promote healthy choices and responsible self-care.
2. To protect public health and prevent illness and disease.
3. To protect children and vulnerable individuals from abuse, neglect and distress.
4. To provide integrated, responsive and effective health services and social programs for those who need them.

BUDGET 2008/09

Compensation & Benefits	13,586,000
Grants & Contributions	219,425,000
Other O&M	67,957,000
Amortization	8,854,000
Infrastructure Investment	32,414,000

POSITIONS (2008/09)

Headquarters (HQ)	102 positions
Regional/Other Communities	16 positions
Authorities	1,269 positions

KEY ACTIVITIES

- Program Delivery Support
- Health Services Programs
- Supplementary Health Programs
- Community Health Programs

STRATEGIC ACTIONS

The Department will take the following actions in support of the government's strategic initiatives:

- Expand Programming for Children and Youth *(Building Our Future Initiative)*
- Encourage Healthy Choices and Address Addictions *(Building Our Future Initiative)*
- Implement Phase II of the Framework for Action on Family Violence *(Building Our Future Initiative)*
- Strengthen Continuum of Care for Seniors *(Building Our Future Initiative)*
- Increase Safety and Security *((Building Our Future Initiative)*
- Protect Territorial Water *(Managing This Land Initiative)*
- Maximize Benefits from Resource Development *(Maximizing Opportunities Initiative)*

STRATEGIC ISSUES

The health status of NWT residents has improved over the past decades and in many respects is becoming more comparable to that of other Canadians. However, there is room for significant improvement in a number of areas.

While the Department of Health & Social Services (HSS) and its partners – Health and Social Services Authorities and non-government services providers – have lead roles in addressing health and social issues, the wellbeing of individuals, families, and communities also depends on factors beyond the health and social services system. The population health approach recognizes that demographic, economic, social and personal factors are all important determinants to health status and overall wellbeing.

The following are some of the challenges facing the Northwest Territories health and social services system.

Health Expenditure Trends and Cost Drivers

According to the *National Health Expenditure Trends, 2002-2007*[1] health care expenditures in Canada have been growing at 7.2% annually in recent years. The NWT was forecasted to have the second-highest per capita provincial/territorial government health care expenditures in Canada - $4,915 per person, compared to a Canadian average of $2,790. These higher costs are generally attributed to the higher costs of providing services to a relatively small population living in a remote region of the country.

The NWT health system is also impacted by the same factors that drive costs upward in other jurisdictions – the rising costs of pharmaceuticals and the introduction of new, more expensive diagnostic and therapeutic procedures.

The NWT is continually challenged to maintain an appropriate balance between preventative and curative services to contain and reverse negative trends in health status indicators. This challenge is accentuated by the high cost of service delivery across a wide territory, with communities of varying sizes and needs, the high level of existing needs for core services, as well as a national shortage of and intense competition for key professionals such as physicians, nurses, pharmacists and others.

Under the *Canada Health Act* the Department is mandated to provide services based on the flowing five principles:

1. *Universality*
2. *Comprehensiveness*
3. *Portability*
4. *Accessibility*
5. *Public Administration*

Consistent with these principals, the Department strives to ensure that the NWT health and social services system provides quality care in the most appropriate setting, is accessible, sustainable, and includes mechanisms to allow progress and performance to be measured and reported to residents of the NWT.

[1] Canadian Institute for Health Information (CIHI), 2005

Demographic Changes

Currently, 32% of the NWT population is under 20 years of age compared to 24% in Canada. While the NWT continues to have one of the youngest populations in Canada, this pattern is changing. The age structure of the NWT indicates that recent growth in the senior's population is likely to continue. It is anticipated that the proportion of seniors (aged 60+) will increase from 8.6% in 2007 to 11.9% by 2017, making it the fastest growing age group. As a result, the number of residents susceptible to a large number of chronic conditions including heart disease, diabetes and cancer will likely increase unless there are changes to personal health practices.

Key Social Changes and Determinants of Health

Health status and overall wellbeing are determined largely by socio-economic conditions. Social conditions in the NWT have generally been improving; however, there remain significant differences between the NWT and the rest of Canada. Typically the NWT lags the rest of Canada in determinants of health such as: housing, income, education and safety.

- Income adequacy is one of the strongest predictors of future health outcomes. Studies continually find that low-income families are at a greater risk of illness and premature death.
- Education, along with income, affects health outcomes. People with lower levels of education tend to have overall poorer health and wellbeing.
- Adequate housing minimizes disease and injury and contributes to the physical, mental and social wellbeing of the population.
- Homelessness is also a growing problem. The recent TB outbreak, among the population dependant on the Salvation Army shelter in Yellowknife, is an example of the vulnerability of homeless individuals.

Health Conditions

Prevalence of diabetes is increasing. Between 1997 and 2004, the proportion of the NWT population age 20 and over with diabetes increased from 3.8% to 6.4% for males and 3.2% to 5.9% for females.[2]

Colorectal cancer is the most common type of cancer diagnosed for men, while breast cancer is the most common type for women. Colorectal cancer rates, associated with a poor diet, are significantly higher in the NWT than in the rest of Canada.

In 2003, 5% of NWT residents 12 years of age and older reported a major depressive episode. Residents between 12 and 39 years of age were two times more likely than those 40 years of age and older to report symptoms of depression (6% vs. 3%).

Suicide rates are almost twice those reported in the rest of Canada (2.11 vs. 1.17 per 10,000).

Incidence of the two most common sexually transmitted infections (STIs) – Chlamydia and gonorrhea – has increased significantly since the mid-1990s. The NWT rate is now nearly 10 times the national average.[3]

Physical Environment

Long-term exposure to environmental tobacco smoke (ETS), commonly known as second-hand smoke, is a significant health hazard. In 2005, an estimated 43% of non-smoking NWT residents

[2] NWT Department of Health and Social Services.
[3] Public Health Agency of Canada, 2006 Rates.

aged 12 years and older were exposed to ETS almost every day at home, in a motor vehicle or in a public place.

Personal Health Practices

Individual unhealthy and high-risk behaviors like smoking, drinking alcohol, taking drugs, eating unhealthy foods and not exercising contribute heavily to health problems and the need for related services. Government programs and policies need to focus on helping individuals make healthy choices.

KEY ACTIVITY 1: CORPORATE MANAGEMENT

Description

Under the authority of the Minister, the Directorate provides leadership and direction to the Department, and administrative services for Departmental operations. The Operational Support Branch manages territorial-wide services to the NWT population through programs and health and social service providers.

Major Program and Service Initiatives

Improving System Wide Accountability

Accreditation is the process adopted in the health care industry to evaluate services and improve quality. It ensures that services meet national standards and that performance and accountability are evaluated to mitigate risk and ensure patient safety. Currently, the four NWT hospitals are accredited. The Department plans to extend the current accreditation process to include services provided in all eight Health and Social Services Authorities in the NWT.

2008/9 Budget

Budget:

Compensation & Benefits	$5,836,000
Grants & Contributions	-
Other O&M	1,093,000
Amortization	-

Staff (Positions):

Headquarters (HQ)	47
Regional/Other Communities	-

KEY ACTIVITY 2: PROGRAM DELIVERY SUPPORT

Description

Program Delivery Support provides a system-wide focus and assistance in the delivery of health and social service programs. Information Systems is responsible for implementing and maintaining appropriate systems technology throughout the HSS System. Human Resources include various recruitment and retention activities to develop, recruit and retain front line service providers. Health Service Administration (HSA) is responsible for the collection and administration of Insured Services, Non-Insured Health Benefits, Vital Statistics, Health Management Information System, health benefits and registration. The Population Health Division is responsible for health promotion, health protection and Disease Registries. The Director holds the statutory appointments of Chief Medical Health Officer and Registrar of Disease Registries. The Division is also responsible for out-of-territories hospitals, physician negotiations as well as physician services in and out of the NWT, acute and long term care planning, homecare, seniors and persons with disabilities, rehabilitation, community health nursing, maternal and child health, and oral health.

Major Program and Service Initiatives

Heath Information Systems

As in other areas of our lives, computer technology will have an enormous impact on health care. An electronic information system can give health care professionals immediate access to consistent information and the means to share it between team members and between remote locations greatly enhancing service delivery.

In 2004, First Ministers declared that 50% of Canadians would have an interoperable electronic health record by 2010. The NWT is committed to meeting the deadline of 2010 established.

2008/09 Budget:

Compensation & Benefits
$5,137,000

Grants & Contributions
$15,043,000

Other O&M
$11,706,000

Amortization
None

Staff (Positions):
30 HQ
16 Regional/Other

Indicator
Turnover rates (%)

Recruitment rate (%)

Integrated Electronic Health Record (iEHR) – This is a strategic project between the NWT Health & Social Services, Capital Health and Alberta Health & Wellness. This project will result in a private and secure lifetime record of an individual's key health history and care within the health system. The iEHR project will be available electronically to authorized health care providers anywhere, anytime, in support of high quality care.

Electronic Medical Record (EMR) – The Department of Health and Social Services is undertaking a Territorial EMR project. This includes the Practitioner Management (PM) components of scheduling and billing. The system contains an electronic record outlining a client's personal details such as demographics, diagnosis or conditions, and details about the treatment or assessments undertaken by a health care provider. In combination with the iEHR, and other related NWT initiatives, support funding for the operating costs of the EMR is key to achieving the long-term goal of an integrated electronic health system.

NWT-Wide Picture Archive and Communications (PACS)
This project is undertaken in conjunction with Canada Health Infoway and is focused on improving health care by providing retrieval of images and reports anytime, anywhere, for any patient. PACS will be rolled out over a three-year period. In early 2008-09 the core PACS will be installed at Stanton Hospital. Late 2008-09 PACS will be deployed to the Beaufort Delta Regional Hospital, Hay River and the Fort Smith Health Centre. In year three the Computed Radiography (CR) units will be installed at the Community Health Centers.

Telespeech - In 2000 and in 2006 ECE completed a Student Support Needs Assessment across all schools in the NWT. Nine percent of NWT school age children have been identified as needing speech and language therapy services and of those students identified over 50 percent were not receiving services. The Telespeech project will see the installation of televideo-consultation units that will enable Health Authorities to maintain a "full Speech Language Pathology (SLP) staffing" complement by virtually recruiting SLP's through contract arrangements with southern providers to fill vacancies. Through the auspices of televideo-consultation, there will be access to specialized services at the community level such as The Institute for Stuttering Treatment and Research located in Edmonton; Autism team at the Glenrose and Cleft, Lip and Palate team at the University of Alberta Hospital.

Population Health

Chronic Disease Management - Chronic disease prevention and management are important components of health care delivery in the NWT. Chronic diseases are the leading cause of hospitalization of adults and account for up to 70% of health care costs in the NWT. Prevention strategies are long-term initiatives delivered in collaboration with health authorities, non-governmental organizations, community groups, and individuals. The Department will work with Health Authorities and other stakeholders to develop a framework for the management of chronic disease that can be used at all levels of service and is in-line with the Integrated Service Delivery Model (ISDM).

Immunization – is recognized as one of the most cost-effective public health intervention, in the prevention and control of disease. The Department will work on improving its immunization information system, including reporting requirements as part of new regulations under the *Public Health Act.*

Cancer Screening – Cancer is now the leading cause of overall mortality in the NWT (25% of deaths annually). Significant impacts on cancer mortality can be achieved through well organized evidence-based screening programs to detect cancer at the earliest possible stage when treatment is more likely to be curative. The NWT has already achieved success with regard to cervical cancer screening, but more needs to be done to enhance and sustain organized breast and colorectal cancer screening, programs to ensure equitable access and optimal uptake at the community level.

KEY ACTIVITY 3: HEALTH SERVICES PROGRAMS

Description

Health and Social Service Authorities provide services to NWT residents in areas such as inpatient and outpatient services, public health and chronic care. Programs and services include, but not limited to, the following:

- Provides NWT residents with access to hospital, primary care through health centres and physician services both inside and outside the NWT

Major Program and Service Initiatives

Sustainability of the System – The cost of delivering health care in the NWT continues to rise: driven by such things as demographics, prevalence of disease, and overall poor health status. These cost pressures, combined with a national shortage of health care professions, is forcing the Department to consider alternative service delivery and staffing models. Over the next four years the Department will review initiatives such as: reforming medical facilities, primary care reform, reforming community social programs and reviewing staffing models to ensure that the appropriate level of care is provided by the appropriate health and social services professionals and that the system remains sustainable.

Enhancing Access to Nurse Practitioners - Over the next three years H&SS will increase supports to the Aurora College program supporting nurses in advanced practices and support northerners wishing to pursue opportunities.

Improving Access to Rehab Teams (Health Reform) - The ISDM recommends four rehabilitation teams to enable more equitable and consistent coverage of rehabilitation services and reduce patient wait times for these services. Each team is composed of four positions – physiotherapy, occupational therapy and speech language pathology professionals and support personnel. A Rehabilitation Advisory Committee, consisting of representatives from each authority, has been established to develop innovative methods to improve service delivery.

Aboriginal Health - Aboriginal people continue to have poorer health outcomes than the rest of the NWT. Over the next four years HSS is committed to working with Aboriginal organizations on collaborative initiatives aimed at improving the health status of Aboriginal people in the Northwest Territories.

2008/09 Budget:

Compensation & Benefits
None

Grants & Contributions
$134,163,000

Other O&M
$34,348,000

Amortization
$ 6,965,000

Staff (Positions):
1,269 Authorities

Measures

Proportion of Hospital Discharges by Top Five Known or Suspected Conditions (ICD10 Chapter)

Proportion of Physician Encounters by Top Five Known or Suspected Conditions (ICD9 Chapter)

Proportion of Health Centre Visits by Top Five Known or Suspected Conditions (ICD9 Chapter)

KEY ACTIVITY 4: SUPPLEMENTARY HEALTH PROGRAMS

Description

The Department provides Supplementary Health Benefits, in accordance with policy, to residents with specific disease conditions, seniors, the indigent and Métis. Benefits to eligible residents include prescription drugs, appliances, supplies, prostheses, and certain medical travel expenses and additional benefits for seniors. Specific benefit programs are:

- Indigent Health Benefits;
- Métis Health Benefits;
- Extended Health Benefits; and
- Medical Travel

Major Program and Service Initiatives

Supplementary Health Benefit Changes (Improving Health Care) In September 2007, Cabinet approved a new Supplementary Health Benefits Policy. The new Policy will consolidate existing supplementary benefits programs for non-Aboriginal northerners into one income-tested program to include low-income northerners and their families who are not eligible for supplementary health benefits programs through their employer.

Program implementation is set for April 1, 2009.

2008/09 Budget:

Compensation & Benefits
None

Grants & Contributions
$12,459,000

Other O&M
$8,410,000

Amortization
None

Staff (Positions):

NA

Measures

Of medically necessary Medical Travel Dispatches

of low income clients accessing supplementary health benefits program

KEY ACTIVITY 5: COMMUNITY HEALTH PROGRAMS

Description

Community Health Programs are delivered outside health facilities and include institutional care, assisted living, counselling, intervention and health promotion. This program includes:

Funding to the Authorities for community social service workers, in the areas of prevention, assessment, early intervention, counselling and treatment services related to children, youth and families. The division is also responsible for planning and development of appropriate approaches to issues such as early childhood development, disabilities, senior and federal wellness initiatives:

A broad range of prevention, assessment, intervention, counselling and treatment programs and services to children and families, in compliance with the *Child and Family Services Act* and *Adoption Act;*

Funding for long-term care facilities, including group homes and residential care, inside and outside the NWT. Funding to Authorities to enable individuals with special living requirements to stay in their homes as long as possible. In accordance with legislation and policy, the Division also responds to persons requiring assisted decision-making through the office of the Public Guardian;

Major Program and Service Initiatives

Disease Prevention and Health Promotion – Over the next four years Health and Social Services will implement the Healthy Living Initiatives and promotion in areas such as Sexually Transmitted Infections (STI), Drug and Alcohol Abuse (including FASD Strategy) and gambling.

Foster Care Review and Standardization – Implement phase II of the *Standardizing Foster Care Rates and Expenditures in the Northwest Territories*. Phase II of the Foster Care Review and Standardization will provide allowance and recreation expenses for foster care children in smaller communities.

2008/09 Budget:

Compensation & Benefits
$2,613,000

Grants & Contributions
$57,760,000

Other O&M
$12,400,000

Amortization
$1,889,000

Staff (Positions):

25 HQ
0 Regional/Other

Measures:

and type of programs receiving funding

Refocusing Community Health Programs – Health and Social Services will undertake a review of the efficiency and effectiveness of the Mental Health and Addictions and Community Social Programs service delivery models. The objective of this review will be to enhance the current service delivery model to make it more cost effective, as well as streamlining and better coordinated services to clients.

Children's Agenda
The following work will be undertaken as part of Health and Social Services' Children's Agenda:

- FASD Strategy – Draft strategy for cabinet review
- Draft a Disabilities Framework for Children
- Healthy Family Initiatives
- Children and youth mental health and addictions
- Expand respite care into five additional communities using NGO model
- Work with the Canadian Mental Health Association – NWT Branch (CMA) to provide mental health programs targeted to youth that focus on addictions, suicide prevention, self-awareness and self-esteem.

STRATEGIC INITIATIVE: BUILDING OUR FUTURE
Action: Expand Programming for Children and Youth

Description

Respite Care refers to a service that provides planned relief for caregivers, families, and the people with disabilities that they care for. The relief is necessary to decrease burnout and stress and allows caregivers to provide the best possible support and thereby, the best quality of life for those with disabilities. This action focuses on improving outcomes and opportunities for children and youth.

Telespeech - The installation of televideo-consultation units will enable Health Authorities to maintain a "full SLP staffing" complement by virtually recruiting SLP's through contract arrangements with southern providers to fill vacancies. Through the auspices of televideo-consultation, there will be access to specialized services at the community level such as The Institute for Stuttering Treatment and Research located in Edmonton; Autism team at the Glenrose and Cleft, Lip and Palate team at the University of Alberta Hospital.

Objectives

Improved quality of care for children and youth.

Action Plan

In House Respite Services for Families of Special Needs Children - Targeted support for respite services that provide an essential break for parents and caregivers of special needs children will be increased allowing these services to be made available in five additional communities.

- Provide support to the regions to set up a respite program
- Determine the best model of respite for use in smaller regional communities, identification of staffing requirements, and service delivery agency/facility
- Training for respite workers that includes 11 modules covering topics such as FASD, sensitivity training, communication, and community inclusion
- Policies and procedures for emergency situations are developed and included in the training of new staff

Telespeech

- By approving the Telespeech Project and allowing Canada Health Infoway (CHI) investment of $3.5 million, Telespeech will ensure access to clinical services for smaller communities in an effective, efficient and client-focused approach. This will ensure that our children are ready for school, our youth are supported and special needs and disabilities are addressed.

STRATEGIC INITIATIVE: BUILDING OUR FUTURE
Action: Encourage Healthy Choices and Address Addictions

Description

Under this action the GNWT will carry out health promotion and prevention activities under the Healthy Choices Framework including: coordinated programming, interventions and public messaging on physical activity, healthy eating, mental health and additions, tobacco harm reduction and cessation, injury prevention and high-risk sexual behaviours.

Full implementation over five years provides coordinated programming in interventions and public messaging on physical activity, healthy eating, mental health and addictions, tobacco harm reduction and cessation, injury prevention and high-risk sexual behaviours.

Investments will also be made in aftercare services for individuals being treated for alcohol abuse.

Objectives

Continued implementation of the Healthy Choices Framework and gradual enhancement of activities, as a cost effective investment in improving the health of Northwest Territories (NWT) residents and reducing long-term health and social service costs.

Action Plan

Healthy Choices Framework

- Development of joint promotion, information and resource sharing
- Coordination of territorial programs around targeted population groups
- The coordinating and sharing of research and the results of program evaluation
- Alignment of territorial goals and priorities with the Federal 'Healthy Living Strategy' programs and funding
- Establishment of system-wide strategic linkages between GNWT departments who coordinate health promotion programs
- Families and individuals who better understand that the choices they make and their health that choices made by families and individuals can impact health
- Healthier NWT residents

Addictions Initiatives and Aftercare

- Develop and implement an awareness and addictions prevention campaign (FASD, Youth Mental Health) Part of Healthy Choices Framework – Joint with MACA
- Establish community treatment options for youth and adults in each region providing culturally appropriate treatment
- Develop and communicate an interagency and interdepartmental approach to community addictions aftercare

STRATEGIC INITIATIVE: BUILDING OUR FUTURE

Action: Implement Phase II of the Framework for Action on Family Violence

Description

Family Violence is a critical issue in the NWT. It is necessary to address this problem, which affects communities, families and individuals. Victims, abusers and children who witness violence all require specialized supports.

The Coalition Against Family Violence (CAFV) has been working in close partnership with the Government of the Northwest Territories (GNWT) to develop and implement Action Plans that consist of actions and activities that will have a direct impact on family violence in the NWT.

Objectives

Build a system that provides safety for women, children and older adults

Action Plan

Actions under Phase II of the Framework for Action Against Family Violence have been developed in a cooperative manner with the Coalition Against Family Violence. Phase II builds on the successes of the first phase and focuses on expanding services to smaller communities to alleviate further impacts from family violence and prevent additional violence by providing treatment to abusers and services to children who witness family violence. Activities planned for the remaining four years include: enhancing community programming, stabilizing the current system, providing a program for men who abuse, and measuring performance and public attitudes.

- Add resources within the shelter system to offer outreach to those women and children who are victims of violence, but do not choose to use the shelter system
- Provide services for follow-up and after-care for clients who do use the shelter
- Expand the *Children Who Witness Violence Program* to Inuvik, Fort Smith and Yellowknife
- Develop and deliver a pilot program for men who abuse
- Expand outreach services to three regions that currently do not have a shelter

STRATEGIC INITIATIVE: BUILDING OUR FUTURE
Action: Strengthen Continuum of Care for Seniors

Description

The demand for home and community care is growing and there is a need to ensure that the NWT has a sufficient number of workers to meet this demand. To address an identified training gap, we plan to implement an eight month Nursing Assistant Diploma Program in cooperation with the Dene Nation and Aurora College to train candidates for the position of Home Support Workers and Resident Care Aides.

The Government will also support seniors' facilities by committing funding to the O&M budget for the dementia facility, which is scheduled for completion in 2009/10, and the Hay River Supported Living Campus for adults with moderate to severe cognitive and behavioral challenges. This purpose-built campus will address the need for appropriate social contact, life skills programming, behavioral support and personal care needs.

Steps will also be taken to ease accessibility and provide appropriate care options to clients through implementing single point of entry throughout the system of continuing care.

Objectives

Improved coordination of care for seniors throughout the NWT

Action Plan

- Implement a single point of entry throughout the system of continuing care to ease accessibility and provide appropriate care options to clients.
- Implement an eight month Nursing Assistant Diploma Program in cooperation with the Dene Nation and Aurora college to train candidates for the position of Home Support Workers and Resident Care Aides
- Expand maximum home care hours from 10 to 15 hours per week
- Funding for operations of Hay River Territorial Supported Living Campus and Dementia facility

STRATEGIC INITIATIVE: MANAGING THIS LAND
Action: Protect Territorial Water

Description

The GNWT's Inter-Departmental Drinking Water Management Committee coordinates the management and administration of drinking water issues in the NWT. The committee consists of senior management representatives from Municipal and Community Affairs (MACA), Public Works and Services (PWS), Health and Social Services (HSS) and Environment and Natural Resources (ENR) which are the four departments that share in the responsibility and accountability for safe drinking water.

Objectives

The Department of Health and Social Services will enhance public awareness and education surrounding reporting concerns relating to water quality and potential waterborne diseases.

Action Plan

In order to build on current initiatives and promote further partnership actions to ensure safe drinking water, three priority areas have emerged that require multi-departmental attention over the next three years:

- Enabling legislation;
- Public awareness and education; and
- Ongoing technical support for community water treatment plant operators

STRATEGIC INITIATIVE: BUILDING OUR FUTURE
Action: Increase Safety and Security

Description

Community governments are experiencing pressures in delivering ground ambulance and/or highway rescue services. The Government will allocate sufficient funding to ensure that community governments can continue to deliver these services. The Government will also invest in moving towards a long-term approach to deal with the issues arising from the lack of a comprehensive, coordinated system of ground ambulance and highway rescue services in the NWT.

Objectives

To advance the work done to date on emergency services issues, and devote dedicated staff to finalize analysis and research, and develop final options and recommendations for the GNWT.

Action Plan

A review of ground ambulance and highway rescue services was conducted and the recommendation was generally accepted that the GNWT will in the long-term legislate and delivery ground ambulance and highway rescue services. In the interim until such a framework is in place, MACA and HSS are moving forward with a modified version of the status quo which includes:

- Data collection;
- Governance framework;
- Legislative framework;
- Operational framework;
- Funding framework;
- Transition planning; and
- Communications.

STRATEGIC INITIATIVE: MAXIMIZING OPPORTUNITIES

Action: Maximizing Benefits from Resource Development

Description

This initiative will facilitate the GNWT's participation in activities associated with the construction of the Mackenzie Gas Project (MGP) and support economic opportunities to territorial residents from resource development. MGP strategic investments will help position communities, businesses, and residents in the NWT to take advantage of opportunities associated with the MGP as well as address any potential negative impacts from the project.

Objectives

Hire additional staff to deal with the increased volume related to the MGP.

Action Plan

The MGP will require approximately 40 pipeline construction camps operating over a 4-year period to construct the pipeline. The MGP Update of May 2007 shows that these camps will have a capacity of 7,000 workers, which will be spread throughout the Mackenzie Valley from Tuktoyaktuk on the Arctic coast, to Trout River near the southern terminus of the pipeline at the NWT-Alberta border. Several of the camps are designed to house 950 to 1,500 workers, and rival the larger NWT communities in size. As a consequence, they will require the same environmental health considerations of a community including safe food services, drinking water and wastewater management, garbage disposal and prevention of communicable diseases. These camps will fall under the regulatory authority of the *Public Health Act*, and will be a substantial addition to the public health inspection workload of Environmental Health Services (EHS). Even the modest goal of performing one scheduled inspection of each camp per year will be unachievable without additional inspectors assigned to the Mackenzie Valley. In addition, any complaints or environmental health incidents at an MGP camp will add to the demand on EHS.

INFRASTRUCTURE INVESTMENTS

This is a listing of major projects and not a comprehensive list.

Yellowknife Stanton Territorial Hospital - Technical Upgrades
Work completed to date includes upgrades to the isolation room ventilation plus replacement of major components of the hospital air conditions system. The nurse call, fire alarm and electronic communication (LAN) systems have been upgraded and the exterior building envelope has been recaulked. An oxygen concentrator has been replaced and the decommissioned biomedical incinerator (environmental liability) has been removed.

Work planned for 2008/09 includes replacement of the medical gas and vacuum systems and upgrades to the heating, ventilation and air conditioning systems.

All Regions Federal Funding (Long Term Reform): Workspace Improvement
The Department of Health and Social Services has created over 100 new positions since 1999 to meet the increasing need for front-line child protection, mental health and homecare workers. The Department lacks space to accommodate these additional workers and now all Authorities are operating far beyond their physical capacity.

The Federal Government has provided funding to alleviate this accommodation shortfall. The money is being administered through the Territorial Health Access Fund (Long Term Reform).

Fort Smith Health Centre - Fort Smith
The Fort Smith Health Centre, constructed in 1978/79, needs major upgrades/renovations to meet current National Building Code requirements, optimize operational efficiency and facilitate the consolidation of social services with medical services. A Master Development Plan, which describes a plan for renovating the existing building in phases over five years, has recently been completed. A key component of this plan is the relocation of a number of elderly and long-term care clients with special needs to a new addition being planned for the Northern Lights Special Care Home in Fort Smith. The vacated space will be renovated and other areas will follow in sequence.

Fort Smith Northern Lights Special Care Home
An existing renovation project for the Northern Lights Special Care Home (NLSCH) has been approved to address code deficiencies identified though a Technical Service Evaluation (TSE) and to renovate the facility to accommodate clients with dementia, as part of an NWT wide plan to provide dementia services.

The existing space is currently at full capacity. The Master Development Plan proposes that a fourth "pod" be constructed to accommodate the patients that will be relocated from the Fort Smith Health Centre.

Yellowknife Consolidated Clinic
A 2005 report recommended the consolidation of the Gibson Medical Clinic, the Family Medical Clinic and the Great Slave Medical House into one consolidated primary care clinic in downtown Yellowknife.

A Consolidated Primary Care Clinic, located in the downtown core, will accommodate doctors, nurse practitioners, midwives, and diagnostic imaging staff. Longer and staggered hours of operation will reduce the patient load on the Stanton Hospital Emergency Department.

Hay River Adult Supportive Living
This will be the first Territorial facility with supportive living arrangements for adults with moderate to severe physical and mental disabilities. The project is comprised of three four-bedroom houses and a program centre. The houses allow clients to live and socialize in a home-like setting while receiving life-skills training. There will also be two respite rooms so program staff can provide a break for families who are caring for other family members with disabilities. The program centre forms an integral part of the project by providing day programs and other services.

Yellowknife Long Term Care - Territorial Dementia Facility
A new 28-bed facility for the care of those with dementia is proposed for construction directly behind Avens Manor. The new facility will include 4 respite beds and accommodate a day program to provide social interaction and allow for participation in meaningful activities.

The GNWT is supporting this endeavour by transferring the land to the Yellowknife Association of Concerned Citizens for Seniors (YACCS) and by providing funding for project planning and design.

Health and Social Services has agreed to a proposal made by Diavik Diamond Mines Inc. (DDMI) to design and build the new facility using a consortium of contractors that currently work for DDMI. The design, originally used to construct a dementia facility in Calgary called Signal Point, is being modified to suit local conditions.

LEGISLATIVE INITIATIVES

The Department has the following legislative initiatives planned:

Amendments to the Child and Family Services Act

- Preliminary draft of legislative proposal is being discussed with program leads

Medical Profession Act

- Significant amendments to this out-of-date legislation are required

Pharmacy Act

- Small amendment is needed to support pharmacists limited prescribing authorities

Social workers Profession Act

- Legislation would set educational and other licensing requirements and establish formal complaints and disciplinary processes

Health Information Act

- The Act will provide up-to-date health-specific access and protection of privacy provisions that will apply to health providers, including private sectors providers, such as pharmacies.

Vital Statistics Act

- *Act* is outdated and needs to be replaced. The impetus for change is that southern courts, in their review of cases based on similar legislation, have determined the birth registration process was discriminatory. The inability of a natural father to include his particulars on the birth record unless the mother agreed, and the inability for a same-sex partner who intends to parent the child to be registered at the time of birth were found to be contrary to Human Rights legislation. The birth registration process will be updated to allow the person who is in a conjugal relationship with the mother at the time of birth, and who intends to parent the child, to register as a parent at the time of birth.

Regulations:

Public Health Act

Massage Therapist Profession Act

Emergency Medical Technicians / Paramedics / Ambulance Services Licensing Act

Health Profession Act